

NH Commission for Human Rights
2 Chenell Drive, Concord, NH 03301
603-271-2767
FAX 603-271-6339
TTD Access: RELAY NH 1-800-735-2964
Email: humanrights@nhsa.state.nh.us

PUBLIC ACCOMMODATIONS DISCRIMINATION
INTAKE QUESTIONNAIRE

THIS IS NOT A CHARGE OF DISCRIMINATION. This is a questionnaire which will give a Commission investigator information about your claim. An investigator must decide whether you have the basis to file a formal charge. If the investigator needs more information from you, you will be interviewed by telephone, after we receive your completed questionnaire. If a Charge is to be filed, the Commission will draft your charge from the information you provide and will send the charge to you in the mail. You will then sign the charge under oath and return it to the Commission for filing/docketing. If the Commission believes you do not have the basis to file a charge of discrimination, you will be sent a letter explaining why.

Please fill out this form as completely as possible, print out a copy, and mail it to the New Hampshire Commission for Human Rights at: **2 Chenell Drive, Concord, NH 03301.** You may also FAX your completed questionnaire to us at: **603-271-6339.**

Keep a copy of the completed questionnaire for your records.

1. Today's date:
2. Your Name
Address
City, State, Zip
Telephone numbers at home and work
3. Name, address, telephone number of a relative or friend who would know how to reach you:
4. When did the alleged discrimination take place? Date: _____ Is the discrimination continuing? Yes ____ No ____
5. Where did the alleged discrimination take place? (Who is your charge against?)

Name
Address
Telephone number

6. (a) What kind of establishment is it? _____

(b) Did the discrimination take place at one of the following kinds of establishments (check one or more that apply):

Inn, tavern, or hotel _____

Restaurant or eating house _____

Public conveyance on land or water _____

Bathhouse _____

Barbershop _____

Theater _____

Golf course _____

Sports arena _____

Health care provider _____

Music or other public hall _____

Store _____

Other establishment which caters to the general public _____

Other establishment which offers its services, goods, or facilities to the general public _____

(c) Did the discrimination take place at an institution or club which is in its nature distinctly private? Yes _____ No _____

(d) Did the discrimination take place at (1) a religious or denominational institution or organization, or (2) at any organization operated for charitable or educational purposes which is operated, supervised or controlled by or in connection with a religious organization?

Yes _____ No _____

(e) If Yes, did the organization discriminate on the basis of religion? Yes _____ No _____ (If Yes, please describe what action was taken:

7. Do you believe you were discriminated against on the basis of any of the following: (Check any that apply)

// Race or color; // National origin; // Creed (Religion); // Marital Status;

// Sex (includes harassment or pregnancy); // Sexual orientation; // Physical disability;

// Mental disability; // Age (give age of person discriminated against _____);

// Other, specify: _____.

8. Who took the discriminatory action against you? Please provide their name, if possible, and their position/job at the place of public accommodation?

9. Was the discrimination any of the following:

- a. Refused, withheld, or denied accommodations, advantages, facilities or privileges _____
- b. Published, circulated, issued, displayed, posted, or mailed a discriminatory written or printed communication, notice or advertisement _____. If yes, what did the statement, notice or ad say?

- c. Made statements indicating that patronage or custom of a person was unwelcome or would be refused because of a person's age, sex, race, color, religion, disability, marital status, national origin, or sexual orientation. Please specify what statements were made:

- d. Other discriminatory action you believe occurred:

10. Were any witnesses present? Please provide their names and addresses if possible.

11. How were you injured by the discriminatory actions?

12. Please provide any other details of your charge that you have not told us above:

FOR AGENCY ACTION ONLY

Action taken:

- | | |
|--|---|
| <input type="checkbox"/> Charge taken | <input type="checkbox"/> Not a covered basis |
| <input type="checkbox"/> Information only | <input type="checkbox"/> Actions complained of do not state valid claim |
| <input type="checkbox"/> Not a timely charge | <input type="checkbox"/> No employer/employee relationship |
| <input type="checkbox"/> CP is a federal employee | <input type="checkbox"/> Referred to another agency:
_____ |
| <input type="checkbox"/> CP chose not to file | <input type="checkbox"/> Other reason (specify):
_____ |
| <input type="checkbox"/> Not enough employees | |
| <input type="checkbox"/> Charge already filed at another agency | |
| <input type="checkbox"/> Civil action already filed in court on same basis | |

Investigator's initials: _____ Date: _____

Letter sent: _____ Date: _____ Initials: _____